

4 REASON FOR CANCELLATION OF MEMBERSHIP (See Information Note 2)

5 BANKRUPTCY, CRIMES, OFFENCES AND DISCIPLINARY ACTION (See Information Note 3)

Please read information note [3] before answering these questions

	YES	NO (please tick)
Have you ever been convicted of any crime or offence punishable by fine or imprisonment (which would be recorded on a criminal or traffic report issued by the Ministry of Justice) or are there any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, adjudged bankrupt or made an assignment for the benefit of your creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, subject to disciplinary proceedings by a statutory, professional, or other body (including the New Zealand Institute of Chartered Accountants) in respect of your professional capacity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, subject to disciplinary proceedings by a tertiary education institution?	<input type="checkbox"/>	<input type="checkbox"/>

6 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

This section is mandatory to complete if you are seeking re-instatement to full membership. Provisional members are not required to complete this section.

I declare I have completed the minimum required structured CPD hours (Chartered Accountant – 20 hours, Associate Chartered Accountant – 15 hours, Accounting Technician – 10 hours) for the year ending 30 June prior to this application.

Please tick the appropriate box Yes No

7 DECLARATION (See Information Note 4)

I declare that

(insert name)

1. The information provided in this application is true and correct.
2. I will be bound by the Rules now in force or hereafter voted into existence and by the Code of Ethics now in force or amended from time to time by the Council of the New Zealand Institute of Chartered Accountants.
3. I authorise the New Zealand Institute of Chartered Accountants to lawfully obtain at any time, from any person or entity, any information about me that the New Zealand Institute of Chartered Accountants considers necessary or desirable to obtain in order to process this application and to service and maintain my membership, and I authorise any such person or entity to release this information to the New Zealand Institute of Chartered Accountants.

Signed _____

Date / / _____

APPLICATION FOR REINSTATEMENT

8 APPLICATION FEE (See Information Note 5)

Cheques should be made payable to "Institute of Chartered Accountants of New Zealand" in NZ dollars. The four credit cards below are acceptable for payment. Please enter details below.

CREDIT CARD PAYMENT DETAILS

AMEX MASTERCARD VISA DINERS Card Expiry Date: _____ / _____

Card Number:

Cardholder's Name: _____
(please print)

Cardholder's Signature: _____ Amount Paid: \$ _____

Any variation to the total amount due please explain: _____

APPLICATION FOR REINSTATEMENT

INFORMATION NOTES

APPLICATION PROCESS

This application form is for past members (full or provisional) who have had their membership cancelled through resignation or non-payment of fees within 12 months of the date of this application. If it has been more than 12 months since your membership lapsed, you will need to submit an application for re-admission. This form is available on the Institute's website www.nzica.com

Consideration of your application may take up to four weeks. Please provide as much information as possible that is relevant to your application. An incomplete application will not be considered until all the required information and documentation has been received.

Re-instatement means your membership is re-instated from the date membership lapsed. If you are an active Accounting Technician, Associate Chartered Accountant or Chartered Accountant member you are required to complete the minimum required Continuing Professional Development (CPD) hours for the entire period.

PRIVACY ACT

The information provided on this form will be used by the New Zealand Institute of Chartered Accountants to:

1. Process and assess this application
2. Maintain the membership database
3. Enable the New Zealand Institute of Chartered Accountants to carry out its various functions under the Institute of Chartered Accountants of New Zealand Act 1996 and the Rules of the Institute of Chartered Accountants, which may involve disclosure to other agencies for those purposes
4. Keep you informed about products and services that may be of interest to you, which may involve disclosure to selected agencies authorised by the New Zealand Institute of Chartered Accountants
5. Communicate with you and target professional development initiatives.

NOTE 1 – PERSONAL DETAILS

Please provide both postal and street addresses if they differ. If any of these details change you should advise Registry Services Helpdesk immediately to avoid any delay in receiving information and goods.

If you have had a change of name since your membership was cancelled, you must provide either the original or a certified copy of the documentary evidence of your name change. This may be a marriage certificate or copy of change of name by deed poll.

NOTE 2 – REASON FOR CANCELLATION OF MEMBERSHIP

Indicate the circumstances which led to the cancellation of your membership.

NOTE 3 – BANKRUPTCY, CRIMES, OFFENCES AND DISCIPLINARY ACTION

A positive answer to any of the questions in this section will not automatically result in a declined application. Each case will be considered individually on its merits. The New Zealand Institute of Chartered Accountants will keep details given in this section confidential.

If you have been convicted of any offence (including traffic offence) in New Zealand or any other jurisdiction, please provide a copy of your criminal record.

In New Zealand this information can be obtained from:

The Privacy Assistant

Privacy Unit, Ministry of Justice, National Office

PO Box 2750

Wellington

Please note your rights under the Criminal Records (Clean Slate) Act 2004 before providing a copy of your criminal record. The relevant application form and information form can be downloaded at www.justice.govt.nz.

If you have ever been adjudged **bankrupt** please provide a copy of the bankruptcy notice from the Official Assignee and a Discharge of Bankruptcy notice (if applicable).

If you have made an assignment for the benefit of your creditors please provide appropriate documentation.

If you have been subject to **disciplinary proceedings** by a:

- Tertiary institution or any other regulatory body
- Statutory body
- Professional or other body

please provide detailed information.

NOTE 4 – DECLARATION

The information you give in the application form is covered by the declaration.

The Code of Ethics is enforced by disciplinary powers based on the Institute of Chartered Accountants of New Zealand Act 1996 and the Rules of the New Zealand Institute of Chartered Accountants.

NOTE 5 – FEES

The re-instatement application fee is non-refundable. The current re-instatement fee may be found in the "Application Fee Schedule" on the Institute's website. Payment, together with the membership subscription outstanding, must accompany your form. Re-instatement to the New Zealand Institute of Chartered Accountants will not be confirmed until you have paid all fees applicable.

RETURN ADDRESS

Please send your completed application to:

Registry Services Helpdesk

New Zealand Institute of Chartered Accountants

7th Floor, Tower Building

50 Customhouse Quay

PO Box 11342

Wellington 6142

FURTHER INFORMATION

Membership enquiries and applications are handled by Registry Services Helpdesk.

If you have any queries, please contact us on:

Registry Services Helpdesk

Tel: +64-04-474 7840

Fax: +64-04-473 6303

Email: registry@nzica.com

Website: www.nzica.com